

## **DEPARTMENT OF HEALTH AND HUMAN SERVICES INSTRUCTIONS FOR COMPLETING QUARTERLY FINANCIAL REPORT FORMS**

### **General Instructions:**

The report forms must be filled out completely and accurately by the agency. Agencies that receive funding from the Department of Health and Human Services (DHHS) for more than one service or program must prepare the forms to adequately and completely reflect the costs for EACH service or program separately; one row is used for each service under the agreement.

Failure to complete the forms completely, accurately and according to directions may result in delayed or withheld payments.

Agencies may reproduce the forms as needed or add additional rows as needed for additional services IF THE FORMAT AND CONTENT OF AGENCY-GENERATED FORMS AND ROWS ARE EXACTLY THE SAME AS THE FORMS PROVIDED BY DHHS. NO NEW COLUMNS MAY BE ADDED. These forms were produced using MS Excel.

Agencies who have capacity to submit the completed forms electronically in Excel should do so by e-mail to the address supplied by your Agreement Administrator. If it is not possible to submit the forms via e-mail, they can be submitted on standard 3½-inch floppy discs.

Explanatory information in addition to that required may be attached in letter or memorandum format, at the discretion of the agency.

Questions about the completion of budget forms must be directed to the Agreement Administrator.

To ease the data entry, agencies should enter the information in the Budgeted columns onto the first worksheet and then copy/duplicate this worksheet to create subsequent quarterly worksheets, labeling them quarter 1, quarter 2, quarter 3, and quarter 4. Agencies may then enter only the current YTD information in the appropriate columns as the year progresses.

### **COLUMNS:**

#### **Entered by the Provider:**

THESE INSTRUCTIONS APPLY TO ALL OF THE FOLLOWING NUMERIC ENTRIES (REVENUE, EXPENSES, UNITS AND PEOPLE SERVED). FOR ALL BUDGETED COLUMNS, LEAVE BLANK IF THE CATEGORY DOES NOT APPLY TO THE SERVICE YOU DELIVER (DO NOT ENTER ZERO). FOR ALL YEAR TO DATE COLUMNS, ENTER THE ACTUAL YTD RESULTS, AND LEAVE BLANK IF THE CORRESPONDING BUDGETED COLUMN IS BLANK. ENTER ZERO *ONLY IF* THERE IS A VALUE BUDGETED AND THE ACTUAL YTD VALUE IS ZERO.

YTD VALUES SHOULD REPRESENT THE CUMULATIVE YEAR TO DATE TOTAL FOR EACH COLUMN (I.E., WITH THE EXCEPTION OF THE 1<sup>ST</sup> QUARTER, THE YTD COLUMN SHOULD REFLECT THE CUMULATIVE SUM OF THIS QUARTER AND ALL PREVIOUS QUARTERS FOR THE CONTRACT PERIOD.

**Contract No:** enter the DHHS agreement number assigned.

**FY:** enter the 4-digit State fiscal year for this agreement report.

**Quarter:** enter the quarter for the reporting period (1,2,3, or 4).

**Activity:** this is the four-digit number assigned by the Agreement Administrator. It is the number found in Rider A with the service name. If the Agreement Administrator indicates that there is no activity number associated with your service, leave blank.

**Service:** enter the service name from Rider A (for example, Residential Treatment) and from the column headings on Budget Forms 1 and 2. DO NOT LEAVE BLANK

**Agency Program Name:** enter the program name, if different from the service name (for example, specific residential sites that have discreet budgets). DO NOT LEAVE BLANK – IF IT IS THE SAME AS THE SERVICE NAME, ENTER THE SERVICE NAME IN THIS COLUMN ALSO

**Budgeted Total Revenue:** enter the total revenue from Budget Form 1, line 25 for the service.

**YTD Total Revenue:** enter the amount of year-to-date revenue received from all sources for the service

under this contract. This should be an accumulated amount from one quarter to the next.

**Budgeted Revenue State General Fund:** enter the amount from Budget Form 1, line 7 for the service.

**YTD Revenue State General Fund:** enter the amount of year-to-date state grant received from DHHS for the service under this contract. This should be an accumulated amount from one quarter to the next.

**Budgeted Revenue Fund for Healthy Maine:** enter the amount from Budget Form 1, line 8 for the service.

**YTD Revenue Fund for Healthy Maine:** enter the amount of year-to-date funds received from DHHS for the service under this contract. This should be an accumulated amount from one quarter to the next.

**Budgeted Revenue DHHS Agreement Federal Funds:** enter the amount from Budget Form 1, line 4 for the service.

**YTD Revenue Agreement Federal Funds:** enter the amount of year-to-date federal grant received from DHHS for the service under this contract. This should be an accumulated amount from one quarter to the next.

**Budgeted MaineCare:** enter the amount from Budget Form 1, line 5 for the service.

**YTD MaineCare:** enter the amount of year-to-date MaineCare funds received seeded by DHHS for the service under this contract. This should be an accumulated amount from one quarter to the next.

**Budgeted Total Government Revenue:** enter the amount from Budget Form 1, line 13 for the service.

**YTD Total Government Revenue:** enter the amount of year-to-date revenue received from government sources for the service under this contract. This should be an accumulated amount from one quarter to another.

**Budgeted Revenue Client Fees - Program:** enter the amount from Budget Form 1, line 16 for the service.

**YTD Revenue Client Fees - Program:** enter the amount of year-to-date program client fees received for the service under this contract. This should be an accumulated amount from one quarter to the next.

**Budgeted Revenue Client Fees - Private:** enter the amount from Budget Form 1, line 17 for the service.

**YTD Revenue Client Fees - Private:** enter the amount of year-to-date private client fees received for the service under this contract. This should be an accumulated amount from one quarter to the next.

**Budgeted Total Program Revenue:** enter the amount from Budget Form 1, line 19 for the service.

**YTD Total Program Revenue:** enter the total amount received from program sources. This should be an accumulated amount from one quarter to another.

**Budgeted Other Restricted Revenue:** enter the amount from Budget Form 1, line 21 for the service.

**YTD Other Restricted Revenue:** enter the total amount of restricted revenue received from all other sources. This should be an accumulated amount from one quarter to another.

**Budgeted Other Unrestricted Revenue:** enter the amount from Budget Form 1, line 22 for the service.

**YTD Other unrestricted Revenue:** enter the total amount of unrestricted revenue received from all other sources. This should be an accumulated amount from one quarter to another.

**Budgeted Other In-Kind Revenue:** enter the amount from Budget Form 1, line 23 for the service.

**YTD Other In-Kind Revenue:** enter the total amount of in-kind revenue received from all other sources. This should be an accumulated amount from one quarter to another.

**Budgeted Total Other Revenue:** enter the amount from Budget Form 1, line 24 for the service.

**YTD Total Other Revenue:** enter the total amount of other revenue received from all other sources. This should be an accumulated amount from one quarter to another.

**Budgeted Total Expenses:** enter the amount from Budget Form 2, line 32 for the service.

**YTD Total Expenses:** enter the amount of all expenses. This should be an accumulated amount from one quarter to another.

**Budgeted Personnel Expenses:** enter the amount from Budget Form 2, line 7 for the service.

**YTD Personnel Expenses:** enter the amount for personnel. This should be an accumulated amount from one quarter to another.

**Budgeted Sub-Recipient Awards:** enter the amount from Budget Form 2, line 9 for the service.

**YTD Sub-Recipient Awards:** enter the amount for sub-recipient awards. This should be an accumulated amount from one quarter to another.

**Budgeted Equipment Purchases:** enter the amount from Budget Form 2, line 8 for the service.

**YTD Equipment Purchases:** enter the amount. This should be an accumulated amount from one quarter to another.

**Budgeted All Other Expenses:** enter the amount from Budget Form 2, line 31 for the service.

**YTD All Other Expenses:** enter the amount. This should be an accumulated amount from one quarter to

another.

**Budgeted MaineCare Units:** enter the number of units projected to be provided to MaineCare clients during the agreement period for the service.

**YTD MaineCare Units:** enter the number of units provided to MaineCare clients year-to-date for the service. This should be an accumulated amount from one quarter to another.

**Budgeted Non-MaineCare units:** enter the number of units projected to be provided to non-MaineCare clients during the contract period for the service.

**YTD Non-MaineCare units:** enter the number of units provided to non-MaineCare clients year-to-date for the service. This should be an accumulated amount from one quarter to another.

**Budgeted Unduplicated MaineCare Clients:** enter the number of unduplicated MaineCare clients projected to be served during the contract period for the service.

**YTD Unduplicated MaineCare Clients:** enter the number of unduplicated MaineCare clients served year-to-date for the service. This should be an accumulated amount from one quarter to another.

**Budgeted Unduplicated Non-MaineCare Units:** enter the number of unduplicated non-MaineCare clients projected to be served during the contract period for the service.

**YTD Unduplicated Non-MaineCare Units:** enter the number of unduplicated non-MaineCare clients served year-to-date for the service. This should be an accumulated amount from one quarter to another.